

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 17 1937

37386

1. PLACE OF DEATH

County Carroll

Registration District No. 156

File No. 37386

Township Harrisonville

Primary Registration District No. 4090

Registered No. 2

City Harrisonville (No. 2)

St. Mo. Ward 2

2. FULL NAME Weeley Edward Yoder

(a) Residence, No. Dayton Twp. St. Mo. Ward 2
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Yoder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3-1878

7. AGE YEARS 59 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harmon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Isaiah Yoder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Abaline Roush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Carl F. Yoder

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner City Mo. DATE 10/16 1937

19. UNDERTAKER (ADDRESS) Harrisonville Mo.

20. FILED Nov 10 1937 Wm. G. Giffert Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937, 1937, to Oct 14, 1937, 1937. I last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

Laparotomy for perforated
ulcers of stomach Date of onset 10.5.37

Other contributory causes of importance: Hemorrhage from stomach

Name of operation Laparotomy Date of 10.5.37
What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) W. G. Giffert M. D.
(Address) Harrisonville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19
8
2

1
2
2

Or Warden

